

or other tax year beginning _____, 1996 and ending _____, 19		AMD	UNP	008	PNT	INT			
PLEASE PRINT • OR TYPE	Name (If joint return, give first names and initials of both)	Last Name			Your social security number				
	C/O				Spouse's social security number				
	Present mailing or home address (Number and street, including apartment number or rural route)				Your occupation				
	City, town or post office, State and ZIP code				Spouse's occupation				
HAWAII ELECTION CAMPAIGN FUND		Do you want \$2 to go to the Hawaii Election Campaign Fund?		Yes	No	Note: Checking "Yes" will not increase your tax or reduce your refund.			
		If joint return, does your spouse want \$2 to go to the fund?		Yes	No				
RESIDENCY STATUS		1. Did you file a Hawaii income tax return for 1995? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what district? _____							
		2. What state or foreign country are you a resident? _____							
FILING STATUS	1 <input type="checkbox"/> Single (Check only ONE box)								
	2 <input type="checkbox"/> Married filing joint return (even if only one had income).								
	3 <input type="checkbox"/> Married filing separate return. Enter spouse's social security no. above and full name here. • _____								
	4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is your child but not your dependent, enter this child's name here. ➤ _____								
	5 <input type="checkbox"/> Qualifying widow(er) with dependent child (Year spouse died 19 • _____).								
EXEMPTIONS	Caution: If you can be claimed as a dependent on another person's tax return (such as your parents'), do not check box 6a, but be sure to check the box below line 33.					Enter number of boxes checked on 6a and 6b ➤ <input type="text"/>			
	6a <input type="checkbox"/> Yourself <input type="checkbox"/> Age 65 or over					} Enter number of your children listed 6c ➤ <input type="text"/>			
	6b <input type="checkbox"/> Spouse <input type="checkbox"/> Age 65 or over								
	Dependents:					Enter number of other dependents 6d ➤ <input type="text"/>			
	6c and 6d								
	6e Total number of exemptions claimed					Add numbers entered in boxes above 6e ➤ <input type="text"/>			
INCOME	ROUND TO THE NEAREST DOLLAR					(1) Total Income Column A	(2) Hawaii Income Column B		
	7 Wages, salaries, tips, etc. (attach Form HW-2)					00	7•	00	
	8 Interest income (also attach Schedule B if over \$400)					00	8•	00	
	9 Dividends (also attach Schedule B if over \$400)					00	9•	00	
	10 State income tax refunds (see page 11 of Instructions)					00	10	00	
	11 Alimony received					00	11	00	
	12 Business income or (loss) G.E. I.D. No.					00	12•	00	
	13a Capital gain or (loss) (attach Schedule D)					00	13a•	00	
	13b Enter amount, if any, from Schedule D, line 27 13b•					00		00	
	14 Supplemental gains or (losses) (attach Schedule D-1)					00	14	00	
	15 IRA distributions					00	15	00	
	16 Pensions and annuities (see Instructions and attach Schedule J, Form N-11/N-12/N-15/N-40)					00	16•	00	
	17 Rents, royalties, partnerships, estates, trusts, etc. G.E. I.D. No.					00	17•	00	
	18 Farm income or (loss) G.E. I.D. No.					00	18•	00	
	19 Unemployment compensation (insurance).					00	19•	00	
	20 Other income (state nature and source—see page 12 of Instructions)					00	20•	00	
	21 Add lines 7 through 20 Total Income ➤					00	21	00	
	ADJUSTMENTS TO INCOME	22 Your IRA deduction Spouse's IRA deduction					00	22	00
		23 Moving expenses (attach Form N-139)					00	23	00
		24 Deductions for self-employment tax					00	24	00
		25 Self-employed health insurance deduction					00	25	00
26 Keogh retirement plan and self-employed SEP deduction					00	26	00		
27 Interest penalty on early withdrawal of savings (see page 13 of Instructions).					00	27	00		
28 Alimony paid (Enter name and SS No. of recipient)					00	28	00		
29 Payments to an individual housing account					00	29•	00		
30 First \$1,750 of military reserve or Hawaii national guard duty pay					00	30•	00		
31 Add lines 22 through 30 Total Adjustments ➤					00	31•	00		
AGI	32 Line 21 minus line 31 Adjusted Gross Income ➤					00	• 32•	00	

ITEMIZED DEDUCTIONS	33	Amount from line 32, Column B. (Hawaii adjusted gross income)			33		00		
	Caution: • If you can be claimed as a dependent on another person's return, see the worksheet on page 15 of the Instructions and check here > • <input type="checkbox"/> • If you are married filing separately and your spouse itemizes deductions, see page 14 of the Instructions. • Special rule for nonresident and dual-status aliens; see page 15 of the Instructions.								
	34	If you do not itemize deductions, enter zero on line 34h and go to line 35. Otherwise, complete line 34a and enter your itemized deductions from Schedule A (Form N-15) on lines 34b through 34g below.							
	34a	Hawaii percentage. Fill in the boxes below. The Hawaii percentage will be used on Schedule A to calculate the amount of itemized deductions allowed.							
		Line 32, Column B	Divided by	Line 32, Column A	Equals	Hawaii Percentage (Not more than 100%)			
			÷		=				
	Hawaii Deductions								
	34b	Medical and dental expenses (from Schedule A, line 4)	34b●		00				
	34c	Taxes (from Schedule A, line 8)	34c●		00				
	34d	Interest expense (from Schedule A, line 12)	34d●		00				
34e	Contributions (from Schedule A, line 17)	34e●		00					
34f	Casualty and theft losses (from Schedule A, line 18)	34f●		00					
34g	Miscellaneous deductions (from Schedule A, line 26)	34g●		00					
34h	If line 33 is more than \$100,000 (\$50,000 for married filing separately) see the worksheet on page 15 of the Instructions. If not, add lines 34b through 34g. Enter total here and go to line 36..... Total Itemized Deductions >				34h		00		
35	Standard Deduction. [1, enter \$1,500 3, enter \$950] If you checked filing status box: [2 or 5, enter \$1,900 4, enter \$1,650] Standard Deduction >				35●		00		
TAX COMPUTATION	36	Line 33 minus line 34h or 35, whichever applies. (This line MUST be filled in)					36●		00
	37	Multiply \$1,040 by the total number of exemptions claimed on line 6e. If you and/or your spouse are blind, deaf, or disabled, check applicable box(es) • <input type="checkbox"/> Yourself • <input type="checkbox"/> Spouse, and see page 15 of the Instructions.					37●		00
	38	Taxable Income. Line 36 minus line 37 (but not less than zero) Taxable Income > Caution: If under age 14 and you have more than \$1,000 of investment income, check here > <input type="checkbox"/> and see page 16 of the Instructions and Form N-615.					38●		00
	39	Tax. Check if from <input type="checkbox"/> Tax Table; <input type="checkbox"/> Tax Rate Schedule I, II, or III; <input type="checkbox"/> Schedule D; or <input type="checkbox"/> Form N-615, Computation of Tax for Children Under Age 14 Who Have Investment Income of More Than \$1,000. (• <input type="checkbox"/> Include separate tax from Forms N-2, N-103, N-312, N-405, N-586, or N-814)..... Tax >					39●		00
CREDITS	40	Enterprise Zone Tax Credit (attach Form N-756)			40●		00		
	41	Other non-refundable credits			41●		00		
	42	Add lines 40 and 41			Total Credits >				
	43	Line 39 minus line 42 (but not less than zero)			Balance >				
					42●		00		
					43		00		
TAX PAYMENTS AND CREDITS	44a	Hawaii income tax withheld and tax withheld on IHA distribution			44a●		00		
	44b	1996 estimated tax payments on Forms: N-1 _____; N-4 _____; N-288A _____			44b●		00		
	44c	Amount of estimated tax applied from your 1995 return			44c●		00		
	44d	Amount paid with extension(s)			44d●		00		
	44e	Capital Goods Excise Tax Credit (attach Form N-312)			44e●		00		
	44f	Credit for Child Passenger Restraint System(s) (attach a copy of the invoice)			44f●		00		
	44g	Other credits (see page 17 of Instructions) (attach schedule)			44g●		00		
	44h	Add lines 44a through 44g			Total >				
					44h●		00		
REFUND OR AMOUNT YOU OWE	45	If line 44h is larger than line 43, enter the amount OVERPAID (line 44h minus line 43)			45●		00		
	46	Amount of line 45 to be REFUNDED TO YOU			Refund >				
	47	Amount of line 45 to be applied to your 1997 ESTIMATED TAX			47●		00		
	48	If line 43 is larger than line 44h, enter the AMOUNT YOU OWE (line 43 minus line 44h). DO NOT include penalty and interest for the late filing of your return; see page 17 of the Instructions. Attach check or money order for full amount payable to "Hawaii State Tax Collector." Write your social security number and "1996 Form N-15" on it.			Balance Due >				
	49	Estimated tax penalty. (see page 17 of Instructions). Also include on line 45 or 48, whichever applies.			49●		00		
50	If you would like us to mail you a packet of forms for next year's filing, please check this box..... • <input type="checkbox"/>								

ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN FOR 1996**DECLARATION**

I declare, under the penalties set forth in section 231-36, HRS, that this return (including accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the Hawaii Income Tax Law, Chapter 235, HRS.

PLEASE SIGN HERE	Your signature _____ Date _____		Spouse's signature (if filing jointly, BOTH must sign) _____ Date _____	
	Paid Preparer's Information	Preparer's Signature and date _____		Preparer's social security number _____
		Firm's name (or yours if self-employed) and address _____		Federal E.I. No. _____
				ZIP Code _____
Check if self-employed <input type="checkbox"/>				